

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/29/2019
NAME OF PROVIDER OR SUPPLIER KUAKINI GERIATRIC CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 347 NORTH KUAKINI STREET HONOLULU, HI 96817		
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4 000	Initial Comments A Relicensing survey was conducted by the Office of Health Care Assurance (OHCA) on 07/29/19. The facility was found not to be in substantial compliance with Hawaii Administrative Rules (HAR) Title 11, Department of Health, Chapter 94.1, Nursing Facilities. Survey dates: 07/23/19 through 07/29/19. Survey Census: 153 Residents. Sample size: 30 Residents.	4 000		
4 101	11-94.1-22(c) Medical record system (c) The following information shall be obtained and entered in the resident's record at the time of admission to the facility: (1) Personal information such as name, date, and time of admission, date and place of birth, citizenship status, marital status, social security number, or an admission number that can be used to identify the resident without use of name when the latter is desirable; (2) Name and address of next of kin, legal guardian, surrogate, or representative holding a power of attorney; (3) Sex, height, weight, race, and identifying marks; (4) Reason for admission or referral; (5) Language spoken and understood; (6) Information relevant to religious affiliation, if any;	4 101		8/31/19

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/04/19

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4 101	<p>Continued From page 1</p> <p>(7) Admission diagnosis, summary of prior medical care with listing of physicians providing care, recent physical examination, tuberculosis status, and physician's orders; and</p> <p>(8) Advanced directives, as applicable.</p> <p>This Statute is not met as evidenced by: Based on interviews and policy review, the facility did not provide residents with a financial record or quarterly statements of their personal funds. As a result of this deficient practice, the resident does not know the status of their account.</p> <p>Findings include:</p> <p>On 07/25/19 at 10:55 AM, attended a Resident Council meeting. When asked the residents if they had any money they kept at the facility, and if they received quarterly statements of their accounts, one resident (R)103 replied, "Yes, I need a new one (statement) now."</p> <p>On 07/26/19 at 08:42 AM during an interview with the financial representative (FR) in charge of the resident trust funds, she described the process to establish a financial account when admitted to the facility. "When an account is set up, we ask the Resident or representative if they want a monthly statement. If they do, we make labels and I have a system to mail the monthly statements to the designated durable power of attorney (DPOA)...or I hand deliver them to the residents. A lot of them don't want them (financial statements)." When asked if a quarterly statement was routinely provided, the FR replied, "No, but they can ask for one any time." Inquired if there was any documentation that a discussion occurred about</p>	4 101	<p>Corrective Actions:</p> <p>* Resident (R) 103 was provided a copy of the most current financial statement (for the period of 06/18/2018-07/28/2019) for R103's personal funds entrusted to Kuakini Geriatric Care, Inc. (KGC).</p> <p>Completed 08/26/2019</p> <p>* All residents with personal funds entrusted to KGC will be given quarterly financial statements. If the residents have legal representatives, the quarterly financial statements will be provided to the legal representatives.</p> <p>Completed 08/26/2019 and ongoing</p> <p>Systemic Changes:</p> <p>* The KSNF/KICF Resident Trust Account Policy was revised to include the requirement of providing quarterly financial statements and financial statements upon request to residents with personal funds entrusted to KGC.</p> <p>Completed 08/26/2019</p>	

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4 101	<p>Continued From page 2</p> <p>the financial statements with the residents/DPOA's, and the FR replied, " No, we currently do not document that anywhere."</p> <p>Review of policy #96-06 titled "Kuakini skilled nursing facility (KSNF) Kuakini intermediate care center (KICF). Resident trust fund accounts with effective date March 2010, revealed the following statement, "If the resident is the authorizer for the account, the social work assistants (SWA) will inform the resident directly of account balances on a monthly basis. If the resident is incapable of handling his/her finances, the SWA will inform the DPOA of the account balances."</p> <p>On 07/26/19 at 09:41 AM during an interview, the Manager of Care Management (Care Mgr.), said they have "about 30 trust accounts." Reviewed the facility policy and requirement to provide quarterly statements, and the Care Mgr. said she was unaware of the requirement and would be revising the policy.</p> <p>Based on interviews and policy review, the facility did not provide residents with a financial record or quarterly statements of their personal funds. As a result of this deficient practice, the resident does not know the status of their account.</p> <p>Findings include:</p> <p>On 07/25/19 at 10:55 AM, attended a Resident Council meeting. When asked the residents if they had any money they kept at the facility, and if they received quarterly statements of their accounts, one resident (R)103 replied, "Yes, I need a new one (statement) now."</p> <p>On 07/26/19 at 08:42 AM during an interview with</p>	4 101	<p>Monitoring of Corrective Actions:</p> <p>* The Manager, MSW will conduct random audits to monitor compliance providing quarterly financial statements to the residents with personal funds entrusted to KGC. The audit results will be reported at the Interdisciplinary Team (IDT) meetings and the Performance Improvement Committee meetings.</p> <p>Completed 08/31/2019 and ongoing</p>	

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4 101	Continued From page 3 the financial representative (FR) in charge of the resident trust funds, she described the process to establish a financial account when admitted to the facility. "When an account is set up, we ask the Resident or representative if they want a monthly statement. If they do, we make labels and I have a system to mail the monthly statements to the designated durable power of attorney (DPOA)...or I hand deliver them to the residents. A lot of them don't want them (financial statements)." When asked if a quarterly statement was routinely provided, the FR replied, "No, but they can ask for one any time." Inquired if there was any documentation that a discussion occurred about the financial statements with the residents/DPOA's, and the FR replied, " No, we currently do not document that anywhere." Review of policy #96-06 titled "Kuakini skilled nursing facility (KSNF) Kuakini intermediate care center (KICF). Resident trust fund accounts with effective date March 2010, revealed the following statement, "If the resident is the authorizer for the account, the social work assistants (SWA) will inform the resident directly of account balances on a monthly basis. If the resident is incapable of handling his/her finances, the SWA will inform the DPOA of the account balances." On 07/26/19 at 09:41 AM during an interview, the Manager of Care Management (Care Mgr.), said they have "about 30 trust accounts." Reviewed the facility policy and requirement to provide quarterly statements, and the Care Mgr. said she was unaware of the requirement and would be revising the policy.	4 101		
4 105	11-94.1-22(g) Medical record system	4 105		8/31/19

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4 105	<p>Continued From page 4</p> <p>(g) All entries in a resident's record shall be:</p> <p>(1) Accurate and complete;</p> <p>(2) Legible and typed or written in black or blue ink;</p> <p>(3) Dated;</p> <p>(4) Authenticated by signature and title of the individual making the entry; and</p> <p>(5) Written completely without the use of abbreviations except for those abbreviations approved by a medical consultant or the medical doctor.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the medical record contained an accurate representation of a resident's medical treatment and device use for one residents (Resident (R) 55) selected for review. The treatment was being documented on the flowsheet but was not being done for R55. This deficient practice had the potential to affect any future residents with similar treatments and/or device use.</p> <p>Findings Include:</p> <p>During random observations of R55, was seen without the use of any splint device to his left upper extremity. The resident had left sided hemiparesis (weakness) due to a stroke. R55 did have a blue cushion type lap tray however, when he was sitting in his wheelchair, and which he used to rest his arms upon.</p>	4 105	<p>Corrective Actions:</p> <p>* The attending physician's order was obtained for the Resident (R) 55 for the use of a lap tray. The attending physician corrected the order for R55 for the use of a brace on the left wrist instead of the right wrist.</p> <p>Completed 07/26/2019</p> <p>* The Patient Care Coordinators (PCC) conducted an audit of all the residents with similar treatments and/or device use a R55. No issues were identified for the other residents.</p> <p>Completed 08/31/2019</p> <p>Systemic Changes:</p>	

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4 105	<p>Continued From page 5</p> <p>On 07/24/19 at 09:29 AM, during an interview with R55, he stated he wants and uses the lap tray because he is weak on the left side. A family member (FM) also present with him stated it helped to support R55's left side and he used the tray to place his Kleenex box on it and to do activity things.</p> <p>Record review found as part of the bed rail assessment, the use of R55's lap tray was noted within "Other Device Assessment for 6a. Wheelchair lap table is not a restraint because: resident can ask to have it removed; resident can remove it on his/her own," and care planned. However, there was no physician's order for the use of the lap tray found in the clinical records.</p> <p>On 07/26/19 at 08:12 AM, a concurrent record review was done with Registered Nurse (RN)157. After reviewing the orders, she stated, "I don't see it" and confirmed they should have an order for it.</p> <p>Also, it was found during the 07/24/19 09:52 AM observation of R55 that he had no left sided splint device or brace on. R55 had said his left side was weak.</p> <p>Record review however, found a physician's order dated 03/16/18 for a wrist brace to be used to his right hand and to be put on in the morning, and removed at night for support and pain.</p> <p>On 07/25/19 at 07:28 AM, during an interview with certified nurse aide (CNA) 71, she said R55 had a left hand splint, but since the room fumigation in early June, they could not locate it. CNA71 verified it was for the left hand and not the right, although the order was for a right wrist brace.</p>	4 105	<p>* The PCCs or designee will re-educate all licensed staff regarding verification of physician orders and accurate documentation in the medical records on the treatments received and/or use of devices by the residents.</p> <p>Completed 08/31/2019 and ongoing</p> <p>Monitoring of Corrective Actions:</p> <p>* The PCCs or designee will conduct monthly audits of medical records of residents receiving treatments and/or use of devices to ensure proper physician orders and accurate documentation. The audit results will be reported at the Interdisciplinary Team (IDT) meetings and the Performance Improvement Committee meetings.</p> <p>Completed 08/31/2019 and ongoing</p>	

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4 105	Continued From page 6 On 07/26/19 at 08:20 AM, during a concurrent record review with RN157, the order was noted to be inaccurate and should have been written for a left wrist brace. In addition, the resident confirmed that it was for his left hand and not the right at 08:30 AM that morning. Further, the treatment document which the licensed staff had been signing as administered, showed it was for a wrist brace to the right hand. The nursing entries of "0" meant per the Chief Nursing Officer, "means it's being put on," and further stated that they will need to get the order changed as it was inaccurate.	4 105		
4 115	11-94.1-27(4) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including: (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents were given the opportunity to choose to have continued use of their bed side rails to aid in their activities	4 115	Corrective Actions: * Resident (R) 55 was re-assessed for the use of an assistive device by the	9/5/19

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4 115	<p>Continued From page 7</p> <p>of daily living (ADL) function to prevent decline, for two of seven residents (Residents (R) 55 and 73) selected for review.</p> <p>The facility failed to involve R55 and R73 in their decision and right to make a choice about the continued use of their side rails. The resident's self determination through support of resident choice was not ensured. The deficient practice had the potential to affect two residents functional ability and right to make choices in the planning and care received at the facility.</p> <p>Findings Include:</p> <p>1. R55 was found to be alert and oriented and stated he has lived in the nursing home for "16 years." His last November 2018 annual minimum data set (MDS) review to his last quarterly review in May 2019, showed R55's brief interview for mental status (BIMS) scores were consistently at 15, 15 and 14. During the resident's interview, it was found his responses were reflective of his high BIMS scores and was well aware of his care and environment.</p> <p>On 07/24/19 at 09:24 AM, during an interview with R55, he stated he wished to have his bed side rails (side rails) placed back on. He said last week Thursday, facility staff came in and removed both of his bilateral upper half rails, but without his knowledge or permission. When he was asked if he wanted the side rails placed back, he said, "Oh yes, absolutely."</p> <p>R55's family member (FM) was also present during the interview. The FM stated the side rails helped R55 with his bed mobility, "especially the right side when the staff have to put him back to bed, he can help with his transfers." The FM further stated he could grab the bar to help</p>	4 115	<p>Physical Therapist (PT) for R55's mobility in bed and R55's assisting staff in transfers back to the bed. An appropriate adaptive device was provided based on the re-assessment and R55 was in agreement with the correction.</p> <p>Completed 07/26/2019</p> <p>* Resident (R) 73 was re-assessed for the use of an assistive device by the PT. An appropriate adaptive device was provided based on the re-assessment and R73 was in agreement with the correction.</p> <p>Completed 07/26/2019</p> <p>* All residents were re-assessed by the Patient Care Coordinators (PCCs), Charge Nurses, and PT for the use of an assistive device. Appropriate adaptive devices were provided based on the re-assessments with orders from the attending physician.</p> <p>Completed 09/05/2019</p> <p>Systemic Changes:</p> <p>* Assessment for the use of adaptive devices by residents will be conducted on (1) admission, (2) when requested by the resident, and (3) when there is a change in the condition of the resident using an adaptive device.</p> <p>Completed 08/31/2019 and ongoing</p> <p>* The PCCs or designee will re-educate all licensed staff on the adaptive device</p>	

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4 115	<p>Continued From page 8</p> <p>himself, and "makes him feel more normal too that he can do it, and it's better for him to be able to, right?"</p> <p>On 07/24/19 at 02:58 PM, during a re-interview with R55, he said the staff took off side rails last week Thursday. He thought it was maintenance who removed his side rails. R55 said they did not give him a reason for the removal except it was a board of health decision. He said, "Oh yeah, I was surprised." R55 said he has told others that he wanted his side rails replaced. R55 said the side rails gave him a sense of protection, and "I feel more comfortable with it, going in and out of bed, and, to turn to side in bed when they change me." R55 said they removed both top side rails. He said his legs were weak, but he could hold onto the side rails to help turn.</p> <p>On 07/24/19 at 03:17 PM, an interview with RN135 was done. She said in her role, she was to review the residents' charts, do interviews and come up with care plans with the resident and/or family members. She said she has been working on assessing residents for possible side rail use and the discontinuation of the side rails on this unit was the beginning of July, 2019. RN135 denied knowing about R55's request for the replacement of his side rails.</p> <p>When RN135 was asked how the information was conveyed to the residents prior to the discontinuation of the use of side rails, she remained silent and then said, "I'm not sure if there was something in writing, I'm sure something was said to the residents when it was being removed. When I came into the picture, it was 'please assess the resident if he really needs the side rail back.'"</p>	4 115	<p>assessment procedure to ensure appropriate use of the adaptive devices based on the residents' conditions and promoting resident self-determination through support of resident choice.</p> <p>Completed 09/05/2019 and ongoing</p> <p>Monitoring of Corrective Actions:</p> <p>The PCCs or designee will conduct monthly audits of the residents using adaptive devices in order to ensure appropriate use of the adaptive devices based on the residents' conditions and promoting resident self-determination through support of resident choice. The audit results will be reported at the Interdisciplinary Team (IDT) meetings and the Performance Improvement (PI) Committee meetings.</p> <p>Completed 09/05/2019 and ongoing</p>	

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4 115	<p>Continued From page 9</p> <p>During an interview with RN181 on 07/24/19 at 03:47 PM, she said, there was a family forum and a letter was given to the families about the side rails. "And one day maintenance came and start removing and we said what's happening and we were told to come and take them all out. So when families are asking, we have to refer them to management."</p> <p>RN181 said for R55, his side rails were removed but now they were having to re-assess him and other affected residents. It was not based on assessing each resident first, nor was it based on the residents' existing side rail assessment forms. R55 had a assessment form which stated it was not considered to be a restraint, and with the abrupt removal, the resident was not given a choice about the removal. For R55, RN181 said the FM also asked about the removal of the side rails.</p> <p>On 07/25/19 at 04:05 PM, during an interview with the unit's nurse care coordinator, RN157, she was asked whether they looked at R55's most recent 05/07/19 bed rail/other device assessment record before removing his side rails. She replied, "No." R55 was an alert and oriented resident who could make his needs known with a high BIMS score. The May side rail assessment for R55 found it was not a restraint for him as he could ask to lower or raise the rail, had a medical condition of an old stroke with left sided hemiparesis/weakness for which he could demonstrate the use of the side rail to assist himself for bed mobility, postural support or transfers during ADL care and a specific care plan had been developed that included how the side rail was used for this purposes.</p> <p>2. During an interview with R73 on 07/23/19 at</p>	4 115		

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4 115	Continued From page 10 01:04 PM, she said her side rails were removed, "very recently. It's been a problem here, the beds are narrow. I'm a medium to heavy build, and when I turn, I have to grab on the side of mattress now. Feels like I'm going to fall off without it." R73 stated the reason for removing her side rail was, "It's a board of health reason, but I want it for safety. I want it put back on." A FM also present stated it helped R73 with her bed mobility. On 07/25/19 at 08:32 PM, during a re-interview with R73, she stated staff came to re-assess her about her side rail use. R73 said, "I told them I want it back up because it helps keep me secure, and I like it for my exercise." R73's side rail assessment record was similar to that of R55, but lacked a medical condition for its use. R73's March annual MDS and May quarterly MDS assessment showed repeat BIMS of 15.	4 115		
4 118	11-94.1-27(7) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including: (7) The right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive; <input type="checkbox"/>	4 118		8/31/19

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4 118	<p>Continued From page 11</p> <p>This Statute is not met as evidenced by: Based on interviews, and record reviews (RR) the facility failed to produce documentation that a discussion took place to review and update the advance directive (AD) and clarify the wishes for medical treatment for one resident (R) 345 of five residents sampled. The deficient practice could potentially affect all residents by not honoring wishes for healthcare decisions at the end of life.</p> <p>Findings include:</p> <p>R345 is a 72 year old male admitted to the facility on 07/08/19 for rehabilitation and management of: chronic atrial fibrillation, weakness, chronic pulmonary disease, chronic congestive heart failure, and chronic kidney disease. R345 has had multiple admissions to the hospital. His past medical history included colon cancer. R345 was alert, oriented and capable of understanding and expressing his wishes regarding medical treatment.</p> <p>1. Progress note encounter dated 07/09/19 by Physician (MD)1 revealed the following: "Full Code (all resuscitative efforts)," and "Advance care planning comment: Living will, 11/07/17, doesn't want life prolonged..."</p> <p>2. RR on 07/24/19 10:26 AM, revealed an AD signed by R345 dated 11/17/17. On the AD, R345 marked the box that states, "I want to stop or withhold medical treatment that would prolong my life." The AD also indicated R345 did not want any artificial nutrition or hydration. The admission order for R345 was "Full Code," and there was no Provider orders for life-sustaining treatment (POLST).</p>	4 118	<p>Corrective Actions:</p> <p>* The attending physician discussed with Resident (R) 345 regarding the review and updating of R345's Advance Directives.</p> <p>Completed 07/26/2019</p> <p>Systemic Changes:</p> <p>* The Medical Social Work (MSW) will review the medical records of all residents for the presence of Advance Directives on admission of residents.</p> <p>Completed 09/06/2019 and ongoing</p> <p>* The MSW will verify with the attending physicians when the residents do not have current Advance Directives.</p> <p>Completed 09/06/2019 and ongoing</p> <p>Monitoring of Corrective Actions:</p> <p>* The Manager, MSW or designee will conduct monthly random audits of the Advance Directives of the residents. The audit results will be reported at the Interdisciplinary Team (IDT) meetings and the Performance Improvement Committee meetings.</p> <p>Completed 08/31/2019 and ongoing</p>	

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4 118	Continued From page 12 3. During an interview with Medical Social Worker (MSW)50 on 07/25/19 at 01:20 PM , reviewed R345's AD that stated not to prolong life, the code status, and order of "full code." Asked what the facility process was to address AD's. MSW50 said on admission they ask if the resident has an AD, and it is put in the chart. The MD reviews the AD with the R, and writes the order. MSW50 said R345 "still wanted to be transferred to the hospital for treatment." 4. On 07/26/19 at 09:50 AM reviewed R345's AD with MSW179. Asked if there was any documentation in the record that MD1 had discussed the AD with R345, and she replied "No". MSW179 agreed there should be documentation of the discussion with R345 that clarified current wishes and the full code order. MSW179 stated MD1 was on vacation, but the covering MD would be contacted.	4 118		
4 148	11-94.1-39(a) Nursing services (a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility, the facility failed to provide sufficient nursing staff with the appropriate competencies and skill sets to provide nursing	4 148	Corrective Actions: * Kuakini Geriatric Care, Inc. (KGC) is continuing its staff recruitment and hiring	8/30/19

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4 148	<p>Continued From page 13</p> <p>and related services to assure Resident (R) safety and maintain the highest physical and mental well-being of each resident as determined by resident assessments, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required.</p> <p>Findings include:</p> <p>Review of Resident Council meeting minutes revealed staffing concerns residents brought up at the meetings.</p> <p>Concerns from Resident Council meeting on 04/19/19</p> <p>a. "Still needing more nursing especially at night, only three certified nurse aides, (CNA's). Day shift is also short"</p> <p>b. "People in wheelchairs ...they will stand up and fall if staff don't get to them in a timely manner."</p> <p>c. "Staff rush due to not having enough staff-it's an institutional issue, it's not any particular person's fault, there is not enough staff to care for everyone, sometimes staff will leave you in the middle of care to attend someone else."</p> <p>d. "Staff demoralized because they are rushing. One staff came in almost in tears because another resident was calling for assistance every five minutes."</p> <p>Response addressing this issue in 06/21/19 minutes. "Challenges of staffing will unfortunately always be an issue but we will do our very best. On 05/20/19 we had five CNA's out sick, three licensed staff out sick which affects staffing and creates challenges. There is no lack of wanting to hire more staff-it's lack of available qualified people. We also had staff on board and it's not what they expected so they have left."</p> <p>Concerns from Resident Council meeting minutes dated 05/17/19:</p> <p>a. "You wait to go to the toilet-Not enough</p>	4 148	<p>efforts which included the following:</p> <p>1. The use of external contracted agency staff (from 12/21/2019 to present) for short-term staffing coverage while recruiting to fill vacant positions. An additional 4 CNAs and 4 LPNs have been contracted for 3-month periods (and ongoing) to maintain staffing levels.</p> <p>Completed 08/31/2019 and ongoing</p> <p>2. Additional staff positions for 14 CNAs and 8 licensed staff were approved by KGC Administration for recruitment and hiring efforts during the period of 01/01/2019 to 08/30/2019.</p> <p>Completed 08/31/2019 and ongoing</p> <p>3. The Director of Nursing (DON) position was filled.</p> <p>Completed 08/19/2019</p> <p>Systemic Changes:</p> <p>* The Patient Care Coordinators (PCC) will monitor and track daily staffing for each nursing unit and evaluate the impact of staffing on providing quality services and assuring resident safety.</p> <p>Completed 08/30/2019 and ongoing</p> <p>* The Director of Nursing (DON) will analyze the staffing needs on a monthly basis and initiate personnel request forms for the recruitment of staff for each nursing unit.</p>	

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4 148	<p>Continued From page 14</p> <p>workers"</p> <p>b. "You don't want to make a mess in your pants/diaper, night shift tells me that morning shift has to take me to the bathroom."</p> <p>"Response...It's not ideal to have to use agency staff. We will try to have agency focus on individual likes/dislikes."</p> <p>c. " I urinate frequently-the staff think I'm lying when I ask to go."</p> <p>d. "It would be good if the agency staff can be acquainted with the unique problems of each resident (doesn't have to be everything)."</p> <p>e. "I call and call and no one comes, I get angry sometimes I tell them I don't want lunch."</p> <p>f. "With agency staff, we try to teach them but they just get mad."</p> <p>g. Tray may be waiting outside but because staff helping 1st shift, the food just sits outside.</p> <p>2. During a resident council meeting facilitated by MSW17 on 07/25/19 at 09:57 AM the following attended: R121, R104, R103, R93, R82, and R55. Minutes were reviewed from 06/21/19. MSW171 said, "There were a lot of concerns regarding staffing issues last meeting. The Patient Care Coordinator (PCC)2 and Chief Nursing Officer (CNO) came in to address concerns." MSW171 asked how staffing has been. Holding up the minutes, R103 said, "This is an authentic document and what I'm going to say today will be repetitious... each resident meeting almost the same. MSW171 confirms and explains things. We are safe and happy, but often there are only three on the floor. That means one will have to take care of 16...Unique demand here. Geriatric floor needs special help. Have people reluctantly taking overtime, agency and floaters. This comes up often. Don't know how the hospital will solve it." R82 said. "People don't come to help you."</p>	4 148	<p>Completed 08/31/2019 and ongoing</p> <p>* The Kuakini Staffing Services will contact all KGC employees for voluntary overtime and the external staffing agencies for contract staff to assist in filling the staffing needs of the nursing units.</p> <p>Completed 08/30/2019 and ongoing</p> <p>* The KGC Administration will limit admissions to KGC's SNF and ICF based on available staffing and ability to find short-term staffing coverage.</p> <p>Completed 08/30/2019 and ongoing</p> <p>* The Nursing Home Administrator (NHA) and DON will review the ABAQIS survey for customer satisfaction on a monthly basis and will provide feedback to the KGC staff and implement measureable interventions to improve resident and family satisfaction.</p> <p>Completed 09/06/2019 and ongoing</p> <p>* The PCCs or designee will re-educate all nursing staff on the following: Staff will do hourly rounding during the day shift, and staff will do two hour rounding during the night shift in order to check the residents for the 4 Ps (pain, potty, positioning, and possessions).</p> <p>Completed 08/31/2019 and ongoing</p> <p>* All KGC staff will attend mandatory Kuakini customer care program for</p>	

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4 148	<p>Continued From page 15</p> <p>R103 said, "I was satisfied with PCC2's response, but PCC2 is limited in what he can do. He now has more than one floor..." When asked if staffing was more problematic on a particular shift, R103 said, "Depends on the day, but weekends are the worst. Lack of staff is prevalent throughout the day... This is not a complaint, our empirical experiences are real."</p> <p>3. During an interview with Registered Nurse (RN)181 on 07/26/19 at 02:42 PM, stated one of the reasons why the care plans could not be reviewed/revised timely was because they (the staff who review the care plans) were being pulled to other assignments/duties. An example was for R55's recent discontinuation of his side rails that was not reflected in his care plan to assure mobility was not affected to avert any potential declines in his activities of daily living (ADLs).</p> <p>On 07/29/19 at 10:18 AM, RN181 said again, their unit only had two licensed staff scheduled for the day shift. RN181 said she did not know how she would be able to look at things, such as the care plans, while having to pass medications. RN181 also verified for Thursday 07/25/19, they only had one licensed practice nurse (LPN) and herself working. This was also verified by the State Agency (SA) on the unit that day. RN181 said the facility census/staffing for that day was incorrect because it listed three licensed staff on duty for the day shift, but there were only two licensed staff working.</p> <p>4) During an interview with S27 on 07/25/19 at 06:40 AM regarding how the staffing on the fourth floor is, stated I've been here since 11:30 last night and I am going home at 11:30 PM today. On Saturday and Sunday, I was the only CNA. It</p>	4 148	<p>re-education on delivering customer service excellence.</p> <p>Completed 09/06/2019 and ongoing</p> <p>* The KGC management will continue monitoring staff attendance and performance and competency which may result in progressive disciplinary actions when the staff are not meeting their job expectations. Completed 08/31/2019 and ongoing</p> <p>Monitoring of Corrective Actions:</p> <p>* The KGC management will conduct random interviews of residents on each nursing unit on a monthly basis. The results of the interviews will be documented and reported at the Interdisciplinary Team (IDT) meetings and the Performance Improvement Committee meetings. Completed 08/30/2019 and ongoing</p>	

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4 148	Continued From page 16 is worse on the CNA's. When we are short staffed I have to triple my steps. We are expected to do everything short-handed. When asked if the range of motion (ROM) is getting done on this floor, S27 looked down and stated, no, it is hard. During an interview with LN99 on 07/25/19 at 10:25 AM stated I call the staffing on the 4th floor a Band-Aid. We are lucky to get what we get. It's just... I mean we have so many out on medical and extended leave. We have staff that are not accountable. LN99 continued to explain the matrix, census and staffing. The census is 44 on day shift so there should be one RN, two LPN's and 5 CNA's. We float out 2 RN's, one LPN - 3 licensed from this floor. CNA's is 3.5 and then the orientee - she's strong so we put her there but it's still short. Everyday, it's a band aid. Some staff will see their schedules and when they see a fifth CNA, sometimes they will call out. We then will compliment the other floors with staff and then the fifth person calls in sick leaving our floor short. We have started to mandate those staff to get a doctor's slip. We have behavior of overtime and tardiness where staff will not come on time or they are tardy and staff that will leave before their shift is over. We are going with progressive discipline, staff are being placed on admin leave or they get suspended, they are starting to realize we are not fooling around.	4 148		
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following:	4 149		8/31/19

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4 149	<p>Continued From page 17</p> <p>(1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty- first day after, or simultaneously, with the initial interdisciplinary care plan conference;</p> <p>(2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and</p> <p>(3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review (RR) the facility failed to identify one Resident's (R)350 potential need for oxygen (O2) therapy in the baseline care plan. This deficient practice has the potential to affect all residents on admission when the baseline care plan is developed. There is the potential that problems are not identified and interim approaches are not established to meet the resident's immediate needs.</p> <p>Findings include:</p> <p>1. R350 was a 95 year old female whose diagnoses included uncomplicated asthma,</p>	4 149	<p>Corrective Actions:</p> <p>* The Baseline Care Plan for Resident (R) 350 was corrected to include respiratory management based on R350's potential need for oxygen therapy. The corrected Baseline Care Plan was discussed with the responsible party for R350 and the responsible party signed the form acknowledging receipt of a copy of the Baseline Care Plan.</p> <p>Completed 07/24/2019</p> <p>* The Baseline Care Plans for all new</p>	

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4 149	Continued From page 18 congestive heart failure, dementia, and bilateral pleural effusion (an unusual amount of fluid around the lung). She was admitted to the facility on 07/18/19 for management of her medical problems and short term rehabilitation. 2. RR revealed R350 had an admission order written on 07/18/19 by physician (MD)3 for O2 therapy that read: "O2 via nasal cannula PRN (as needed) SOB (for shortness of breath). May titrate as needed to maintain O2 SAT (measurement of oxygen in the blood) 92% or above. 3. RR revealed the respiratory section of the initial care plan (base line care plan) dated 07/18/19 did not have any documentation that R350 required O2. The only documentation in the respiratory section of the care plan was "N/A (not applicable)." During an interview with RN70 on 07/25/19 at 09:09 AM discussed the admission process. RN70 said, "The admission nurse completes a head to toe assessment. The RN reviews a copy of the discharge summary and medication administration record (MAR) from the hospital and develops the initial care plan. The MD is called to complete the admission orders. If there are any discrepancies in medications, we clarify them at that time, and confirm the initial care plan."	4 149	residents were audited for complete assessment and documentation by the Charge Nurse (RN) based on the attending physician's orders and residents' conditions. Completed 08/31/2019 Systemic Changes: * The Patient Care Coordinators (PCC) or designee will re-educate all licensed staff on the requirements for the Baseline Care Plan and the assessment of residents in the admissions process. Completed 08/31/2019 and ongoing Monitoring of Corrective Actions: * The PCCs will conduct an audit of the Baseline Care Plans once a week on new admissions. The audit results will be reported at the Interdisciplinary Team (IDT) meetings and the Performance Improvement Committee meetings. Completed 08/31/2019 and ongoing	
4 192	11-94.1-46(i) Pharmaceutical services (i) Appropriately licensed and trained staff shall be responsible for the entire act of medication administration, which entails removing an individual dose from a container properly labeled	4 192		8/31/19

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4 192	<p>Continued From page 19</p> <p>by a pharmacist or manufacturer (unit dose included), verifying the dosage with the physician's orders, giving the specified dose to the proper resident, and promptly recording the time, route, and dose given to the resident, and signing the record. Only a licensed nurse, physician, or other individual to whom the licensed professional has delegated the responsibility pursuant to chapter 16-89, subchapter 15, may administer medications.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the use of unnecessary medications include a review of the target behaviors being accurately monitored for one of five residents (Resident (R) 70) selected for review. This deficient practice had the potential to affect other residents prescribed with psychoactive medications.</p> <p>Findings Include:</p> <p>1. Random observations of Resident (R)70 during the survey found this resident to be engaged in the daily activities/program offered by the facility. He was often quiet, but would appropriately respond to questions asked of him when interacting with the staff.</p> <p>Overview of R70's medication regimen found he was taking: celexa 10 milligrams (mg) one pill daily for his anxiety/behavior r/t (related to) dementia affecting his self-care; divalproex 250 mg one pill twice daily for mood/behavior r/t dementia; seroquel 25 mg one pill twice daily, but to hold if he was sleepy, for his diagnosis of dementia r/t behavior affecting his self care, and</p>	4 192	<p>Corrective Actions:</p> <p>* The Resident (R) 70's behavioral record was revised to prepare separate behavioral monitoring sheets for each psychoactive medication ordered by the attending physician. Each behavior monitoring sheet lists the specific target behavior(s) that are proposed to be eliminated/reduced through the use of that specific medication.</p> <p>Completed 07/24/2019</p> <p>* The Patient Care Coordinators (PCC) or designee conducted an audit of all of the residents who receive psychoactive medications and require behavioral monitoring. The audit included a review for the completion of a behavior monitoring sheet for each psychoactive medication ordered to ensure that the specific target behavior(s) that are proposed to be eliminated/reduced for each psychoactive medication is identified and documented.</p>	

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NAME OF PROVIDER OR SUPPLIER KUAKINI GERIATRIC CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 347 NORTH KUAKINI STREET HONOLULU, HI 96817		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 192	<p>Continued From page 20</p> <p>melatonin 5 mg one pill at bedtime, to hold if sleepy for his diagnosis of insomnia.</p> <p>Review of R70's July 2019 Behavior/Intervention Monthly Flow Record found the target behaviors for all four medications were for insomnia and getting out of bed without help. The diagnosis listed on the flowsheet was dementia r/t behavior affecting self care and insomnia.</p> <p>During an interview with licensed practice nurse (LN) 64 on 07/26/19 at 02:28 PM, stated R70, would occasionally have behaviors like trying to get out of bed on his own but was easily re-directable. During a concurrent review of R70's flow record with LN64 acknowledged that the specific target behaviors for the seroquel, valproic acid and celexa should be anxiety and mood. Insomnia for the melatonin use.</p> <p>LN64 confirmed there was not separate flow record for each medication and all of the medications were grouped together as whole. LN64 said their pharmacy consultant taught them how to use the behavior monitoring sheet and they have been doing it this way.</p>	4 192	<p>Completed 08/31/2019</p> <p>Systemic Changes:</p> <p>* The PCCs or designee will re-educate all licensed staff on the preparation and completion of separate behavioral monitoring sheets for each psychoactive medication ordered by the attending physician.</p> <p>Completed 08/31/2019 and ongoing</p> <p>Monitoring of Corrective Actions:</p> <p>* The PCCs or designee will conduct random audits of the behavior monitoring sheets on a monthly basis for accuracy and completeness. The audit results will be reported at the Interdisciplinary Team (IDT) meetings and the Performance Improvement Committee meetings.</p> <p>Completed 08/31/2019 and ongoing</p>	